# **AGENCY STRATEGIC PLAN**

### FOR THE FISCAL YEARS

2003 - 2007



Health Services Permit Agency
August 2002

# **AGENCY STRATEGIC PLAN APPROVAL FORM**

FOR THE FISCAL YEARS

2003 - 2007

Deborah Frazier (Director's Signature)

(Board/Commission Chair Approval, if applicable)

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| Agency Name  | Health Services Permit Agency  |
|--|--|
| Agency Mission Statement   | t:   |
| The mission of the Health Services Pepersons and individuals with developments of the Health Services Pepersons and individuals with developments. | ermit Agency is to increase and improve access to services and supports for elderly mental disabilities. |
|  |  |
|  |  |

#### **AGENCY GOAL 1:**

To ensure efficient administration of the Health Services Permit Agency.

#### **AGENCY GOAL 2:**

To increase independence, productivity, integration and inclusion of persons with developmental disabilities into all facets of community life.

| Agency Name                                  |   | Health Services Permit Agency  |  |  |  |
|--|---|--|--|--|--|
| Program                                      |   | Permit of Approval   |  |  |  |
| Program Authorization                        |   | Arkansas Code Annotated 20-8-101 et seq  |  |  |  |
| Program Definition: Funds-Center Code:       |   | The Health Services Permit Agency 1) ensures appropriate distribution of health care providers through the regulation of new services 2) protects quality care 3) negotiates with competing interests so that community needs are appropriately met without unnecessary duplication and expense. |  |  |  |
| AGENCY GOAL(S) #                             | 1 |  |  |  |  |
| Anticipated Funding Sources for the Program: |   | General Revenue, Special Revenue   |  |  |  |

| GO | AL 1: (Sub-Funds Center Code: NA )  |
|----|---|
|    | To issue Permits of Approval for Nursing Homes, Residential Care Facilities, Home Health and Hospice Agencies,      |
|    | Psychiatric Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded and Assisted Living |
|    | Facilities, in a timely and efficient manner.   |
|    | OBJECTIVE 1: (Sub-Funds Center Code: NA)  |
|    | Decisions on applications will be made and published within 90 days of the application deadline.                    |
|    | STRATEGY 1: (Sub-Funds Center Code: )   |
|    | Agency staff will complete application reviews and publish the results to meet the mandatory time                   |
|    | frames.   |

| Agency Name                                  |  | Health Services Permit Agency   |  |  |  |
|--|--|---|--|--|--|
| Program                                      |  | Developmental Disabilities Council  |  |  |  |
| Program Authorization                        |  | P.L. 106-402  |  |  |  |
| Program Definition:                          |  | The 26 member Council supports individuals with developmental disabilities and their families by 1)   |  |  |  |
| Funds-Center Code:                           |  | advocating for needed improvements and changes to the service system; 2) providing training and education on disability issues; 3) working with other state agencies and organizations; 4) providing information and referral services; 5) providing funding for pilot projects; and 6) maintaining contact with federal agencies and other state |  |  |  |
| AGENCY GOAL(S) # 2                           |  | programs to collect updated information on emerging trends.   |  |  |  |
| Anticipated Funding Sources for the Program: |  | Federal funds, General Revenue  |  |  |  |

#### Goal 1:

To administer the Developmental Disabilities Assistance and Bill of Rights for the state ensuring compliance with federal legislation and regulation.

#### **OBJECTIVE 1:**

Compile DD Council state plan for advocacy, planning and implementation in accordance with DDC Act requirements.

#### **STRATEGY 1:**

Conduct 4 needs assessment meetings, gather and prioritize data and solicit public input to determine gaps and barriers in the service system and to develop advocacy and planning activities that satisfy federally mandated requirements.

#### **OBJECTIVE 2:**

Manage the Council's sub-grant program to fund the demonstration of new approaches to serve individuals with developmental disabilities to create systemic change.

#### **STRATEGY 1:**

Administer grant funds to support identified activities or projects that create or expand new community based programs and services that enhance the independence, integration, productivity and inclusion of persons with disabilities into their community.

| Name    | Health Services Permit Agency      |
|---------|------------------------------------|
| Program | Developmental Disabilities Council |

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

| PERFORMANCE MEASURES (Indicate the Goal and Objective to which applicable)              | METHODS AND<br>SOURCES USED<br>OBTAINING DATA   | FISCAL<br>YEAR<br>2003 | FISCAL<br>YEAR<br>2004 | FISCAL<br>YEAR<br>2005 | FISCAL<br>YEAR<br>2006 | FISCAL<br>YEAR<br>2007 |
|---|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| G1,O1<br>Number of persons with disabilities who<br>participate in community activities | Conduct local needs assistance meetings to gather data and public input about service gaps. | 125                    | 150                    | 150                    | 175                    | 175                    |
| G1, 01<br>Number of persons trained via DDC training<br>activities                      | Training attendance records to reflect the number of participants who receive training.     | 400                    | 450                    | 500                    | 500                    | 500                    |
| G1, 02<br>Number of community based grants to<br>support innovative service delivery.   | Internal records to track and monitor grants  | 5                      | 5                      | 7                      | 7                      | 9                      |
|   |   |                        |                        |                        |                        |                        |

| Agency Name | Health Services Permit Agency |
|-------------|-------------------------------|
| Program     | Permit of Approval            |

## PERFORMANCE MEASURES: (Effort, Output, Outcome, and/or Efficiency)

| PERFORMANCE MEASURE (Indicate the Goal and Objective to which applicable)  G1,O1 Percentage of applications processed | METHODS AND SOURCES USED OBTAINING DATA Internal records to reflect number of applications received and processed. | FISCAL<br>YEAR<br>2003<br>100% | FISCAL<br>YEAR<br>2004<br>100% | FISCAL<br>YEAR<br>2005<br>100% | FISCAL<br>YEAR<br>2006<br>100% | FISCAL<br>YEAR<br>2007<br>100% |
|---|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| G1,01<br>Number of annual site visits to Permit of<br>Approval recipients.  | Internal records to reflect dates and places of site visits.   | 4                              | 5                              | 6                              | 7                              | 8                              |
| G1, 01<br>Number of updated bed need books<br>published per year  | Internal records to reflect<br>number of bed need books<br>published.  | 4                              | 4                              | 4                              | 4                              | 4                              |
|   |  |                                |                                |                                |                                |                                |